

# MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **36039**  
Registrar's No. **93**

Registration District No. **28**

Primary Registration District No. **4165**

## 1. PLACE OF DEATH:

(a) County **Daviess**  
(b) City or town **Gallatin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Home of Daughter Mrs. Geo. A. Whitt**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)  
In this community **6 Years**

3. (a) PRINT FULL NAME **Mary Angaline Whitt**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, **21** divorced **Widowed**  
6. (b) Name of husband or wife **Phillip G. Whitt** 6. (c) Age of husband or wife if alive **Dec'd** years  
7. Birth date of deceased **August 18 1858**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **2** Days **13** If less than one day hr. min.

9. Birthplace **Appanose County Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

## 11. Industry or business

12. Name **Daniel Jump**  
13. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martha King**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Augusta Whitt**  
(b) Address **Gallatin, Missouri**  
17. (a) **Burial** (b) Date thereof: **11-2-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **McCrary Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**  
(b) Address **Gallatin, Missouri**

19. (a) **19 Nov. 1948** (b) **Virginia M. Engelhardt**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**  
(c) City or town **Gallatin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **---** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**  
year **1948** hour **10** minute **45** P. M.

21. I hereby certify that I attended the deceased from **28 Sept 48** to **31 Oct 48**  
that I last saw him alive on **31 Oct 48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Ch** Duration **Unknown**

Due to  
Due to

Other conditions **Myocard Stenosis -**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury  
23. Signature **Edward D. Barker** (M. D. or other)  
Address **Gallatin Mo** Date signed **6 Nov 48**

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

L. D. Dickerson  
Licensed Embalmer No. 3307

P. O. Address

Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.